



## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that

Case No. 09792909-0430 the specification of which

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## "SOLID ELECTROLYTE CELL"

| Prior For<br>Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                                                                                                                                                                             | Date                                                                                                                                                                                                                                                                                                                                         |                                                                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | priority benefits under Title 35, Unentor's certificate listed below:                                                                                                                                                                                                               | nited States Code, §119 of any foreign                                                                                                                                                                                                                                                                                                       |                                                                |
| I do not lead of the force of the United States of the United States of the United or force of the United of the U | know and do not invention there is a famous of America made the subjected States of Aths prior to this en filed in any of the subjected in any of the | ot believe this invention was ever<br>reof, or patented or described in an<br>han one year prior to this application<br>fore than one year prior to this applicate of an inventor's certificate issue<br>America on an application filed by<br>application, and that no application | known or used in the United States of A by printed publication in any country before, that the same was not in public use of dication, and I believe that the invention and before the date of this application in a me or my legal representatives or assign on for patent or inventor's certificate on the estimate of this application by | merica ore my or r on sale in has not any country as more this |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                     | atent Office all information which is known with Title 37, Code of Federal Regulat                                                                                                                                                                                                                                                           |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | re reviewed and understand the cond by any amendment referred to all                                                                                                                                                                                                                | ntents of the above identified specification bove.                                                                                                                                                                                                                                                                                           | on,                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and was amended on(if applie                                                                                                                                                                                                                                                        | cable)                                                                                                                                                                                                                                                                                                                                       |                                                                |
| one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | was filed onApplication Serial No                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                              |                                                                |
| (check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>_</u> _A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | is attached hereto was filed on                                                                                                                                                                                                                                                     | , as                                                                                                                                                                                                                                                                                                                                         |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | is attached hereta                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                              |                                                                |
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and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the above listed application on which priority is claims:

<sup>&</sup>lt;sup>1</sup> (b) Under this section, information is material to patentability when it is not cumulative to information already of record or being made of record in the application, and

<sup>(1)</sup> It establishes, by itself or in combination with other information, a primafacie case of unpatentability of a claim; or

<sup>(2)</sup> It refutes, or is inconsistent with, a position the application takes in:

<sup>(</sup>i) opposing an argument of unpatentability relied on by the Office, or

<sup>(</sup>ii) asserting an argument of patentability.

A prima facie case of unpatentability is established when the information compels a conclusion that a claim is unpatentable under the preponderance of evidence, burden of proof standard, giving each term in the claim its broadest reasonable construction consistent with the specification, and before any consideration is given to evidence which may be submitted in an attempt to establish a contrary conclusion of patentability.





Prior Foreign Application(s)

Number

Country

Date

If no priority is claimed, I have identified all foreign patent applications filed prior to this application: Prior Foreign Application(s)

Number

Country

Date

And I hereby appoint Joseph A. Mahoney (Reg. No. 38,956), Howard B. Rockman (Reg. No. 22,190), Jordan A. Sigale, (Reg. No. 39,028), Michael A. Molano (Reg. No. 39,777), Michael L. Kiklis (Reg. No. 38,939), Janelle D. Strode (Reg. No. 34,738), Kevin W. Guynn (Reg. No. 29,972), David R. Metzger (Reg. No. 32,919), Jennifer Hammond (Reg. No. 41,814), Lana Knedlik (Reg. No. 42,748), John F. Griffith (Reg. No. 44,137), Marina Saito (Reg. No. 42,121), Alison P. Schwartz (Reg. No. 43,863), Christopher P. Rauch (Reg. No. 45,034), Francisco Rubio-Campos (Reg. No. 45,358), Brian J. Gill (Reg. No. 46,727) and Shashank S. Upadbye, all members of the firm of Sonnenschein, Nath & Rosenthal

## Telephone 312/876-0200 Ext. 2578

my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and direct that all correspondence be forwarded to:

## SONNENSCHEIN NATH & ROSENTHAL 80<sup>th</sup> Floor – Sears Tower 233 S. Wacker Drive, Chicago, IL 60606

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Full name of sole or first in | ventor GORO SHIBAMOTO                    |      |   |
|-------------------------------|------------------------------------------|------|---|
| Inventor's signature          | T                                        | Date |   |
| Residence                     | Kanagawa Japan                           |      |   |
| Citizenship                   | Japan                                    |      |   |
| Post Office Address           | c/o Sony Corporation, 7-35, Kitashinagaw |      |   |
|                               | Shinagawa-ku, Tokyo 141, Japan           |      |   |
| Full name of second invent    | or                                       |      |   |
| Inventor's signature          |                                          | Date | _ |
| Desidence.                    | <u> </u>                                 |      |   |
| Citizenship                   |                                          |      |   |
| D4 OCC Add                    |                                          |      |   |
|                               |                                          |      |   |
| Full name of third inventor   |                                          |      |   |
| Inventor's signature          |                                          | Date |   |
| Residence                     |                                          | Date |   |
|                               |                                          |      |   |
|                               |                                          |      |   |
| Post Office Address           |                                          |      |   |
|                               |                                          |      |   |